

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Sweeney, Patrick J.  
 Title: MODULAR CANNULATED TOTAL JOINT PROSTHESIS  
 Appl. No.: 10/730,606  
 Filing Date: 12/8/2003  
 Examiner: Stewart, Alvin J.  
 Art Unit: 3774  
 Conf. No.: 4015

**AMENDMENT TRANSMITTAL**

Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ **X** ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	42	-	41	=	1	x	\$52.00	=	\$52.00
Independent Claims:	5	-	5	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$390.00	=	\$0.00
CLAIMS FEE TOTAL									\$52.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$130.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$490.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,730.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$52.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$26.00
	Extension Fees Previously Paid:		\$0.00
	TOTAL FEE:		\$26.00

The above-identified fees of \$26.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date     October 19, 2009

By     /James D. Borchardt/

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